



Incident Report

Print Date/Time: 05/12/2016 10:21
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008692

Incident Date/Time: 5/8/2016 12:39:32 PM
Location: SR 9 SE / 20TH ST SE
LAKE STEVENS WA 98258
Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	WSP					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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05/08/2016 : 12:40:27 SP0331 Narrative: AC, N/O LOC, NON INJ, NON BLKG, WHI RV VS TOYT PK, LR331

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E542056**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION CASE # **201600008692**LOCAL AGENCY CODING TOTAL # OF UNITS **03** OBJECT STRUCK

DATE OF COLLISION	M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
05			08		2016				1235	31				<input checked="" type="checkbox"/>		0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 9 NE		BLOCK NO. <input type="text"/>
		MILE POST <input checked="" type="checkbox"/>
		15
		00

DISTANCE	OF (REFERENCE OR CROSS STREET)
1000	20TH STREET SE
MILES <input checked="" type="checkbox"/>	FEET <input type="checkbox"/>
N <input checked="" type="checkbox"/>	S <input type="checkbox"/>
E <input type="checkbox"/>	W <input type="checkbox"/>

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE LAST NAME **GOLEBIOWSKI** FIRST NAME **SYDNEY** MIDDLE INITIAL **F**STREET NEW ADDRESS **461 W COLUMBIA ST**CITY **MONROE** ST **WA** ZIP **982721340**CDL RESTRICTIONS ENDORSEMENTS DRIVER'S LICENSE # **GOLEBSF0360D** STATE **WA** SEX **M** D.O.B. **09** - **04** - **1997**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES LICENSE PLATE # **B20069L** STATE **WA** VIN# **5TEVL52N04Z394074**TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR **2004** MAKE **TOYT** MODEL **PU** STYLE **PC** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN FAMILY 19738790316FPPAWA**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE LAST NAME **LANE** FIRST NAME **JOHN** MIDDLE INITIAL **K**STREET NEW ADDRESS **13218 45TH AVE NE**CITY **MARYSVILLE** ST **WA** ZIP **982717837**CDL **A** RESTRICTIONS ENDORSEMENTS **L, N, T**DRIVER'S LICENSE # **LANE*JK346C1** STATE **WA** SEX **M** D.O.B. **02** - **21** - **1966**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **9** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES LICENSE PLATE # **C65240E** STATE **WA** VIN# **1B7KF2361WJ190218**TRAILER PLATE # STATE TRAILER PLATE # STATE VEH. YEAR **1998** MAKE **DODG** MODEL **RAMPU** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **OWNED BY DRIVER**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **USAA 003838905C**VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE OFFICER'S NAME (PRINT) **R. RUTHERFORD** BADGE OR ID # **130** AGENCY **WA0311900**


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542056**

CASE #

201600008692
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LANE GINA M																		
ADDRESS & PHONE # 13218 45TH AVE NE MARYSVILLE WA 982717837														SEX F	D.O.B. MMDDYYYY 01	-	04	-	1968	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

I was dispatched to a two vehicle collision. A toyota truck had rear ended a red Dodge Ram towing a small camping trailer. Upon arrival, all three vehicles were pulled off onto the east shoulder at about MP15 of SR9. I contacted both drivers and verified that there was no injuries. There was minimal damage to the trailer and no damage to the towing red Dodge Ram. The white toyota had minimal damage. There was heavy traffic on northbound SR9 and the white Toyota (unit 1) failed to stop and collided with the rear of the trailer.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD**05-10-16 03:15 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

M. HINGTGEN 0126

DATE

5/10/2016 5:05:48 PM

BADGE OR ID #

130

ORI #

WA0311900

TIME POLICE DISPATCHED

12:39 PM

TIME POLICE ARRIVED

12:41 PM


**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

REPORT NO. E542056
CASE # 201600008692
COMMERCIAL MOTOR CARRIER
INTERSTATE ☐INTRASTATE ☐
UNIT #

USDOT

IOC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS
UNIT #

3

MOTOR VEHICLE ☒PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

LAST NAME

[NEW]

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

U

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1

HELMET USE

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

9489XU

STATE

WA

VIN#

1SE200J10CA000788

TRAILER PLATE #

9489XU

STATE

WA

TRAILER PLATE #

STATE

VEH. YEAR

2012

MAKE

LAYT

MODEL

15/SC

STYLE

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

INSURANCE CO & POLICY #

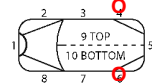
VEHICLE LEGALITY STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA


UNIT #
MOTOR VEHICLE ☐PEDAL-CYCLE ☐PEDESTRIAN ☐PROPERTY OWNER ☐DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT

INSURANCE CO & POLICY #

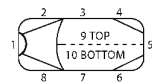
VEHICLE LEGALITY STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



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R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

05-10-16 03:15 PM

DATED:

PLACE SIGNED

BADGE OR ID #

130

ORI #

WA0311900

APPROVED BY

HINGTGEN

DATE

5/10/2016

PAGE

3

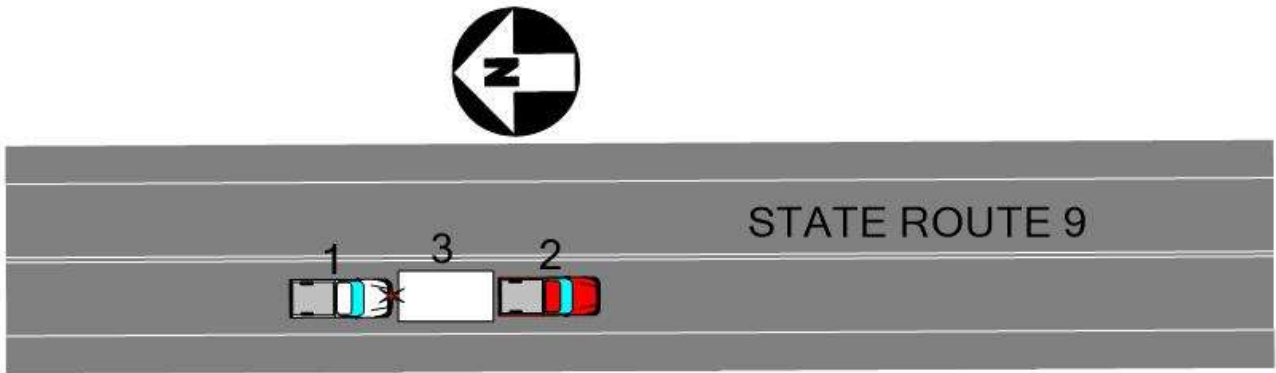
OF

4

REPORT NO. E542056

CASE # 201600008692

DATE AND TIME
OF COLLISION 05/08/16 12:35



SPEED LIMIT 55MPH